P18000023274

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ART OF REMOD	ELING S&J, CORP.	
	IBER: P18000023279		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	SABRINA SEGALLA		
		Name of Contact Perso	n
		Firm/ Company	
	912 BELLA VIDA BLVD		
	-	Address	
	ORLANDO, FL 32828		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
mar	or2@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
SABRINA SEGALLA		786 	
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
	D. Box 6327	Clifton Building	
Tallahassee FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ART OF REMODELING S&J, CORP.

ART OF REMODELING S&J, CORP.	
(Name of Corporation as currently P18000023279	y filed with the Florida Dept. of State)
	261
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SABRINA CHIK CORP	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "eword "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	20/0
(Principal office address MUST BE A STREET ADDRESS)	
C. Vatan many mailing address if the U. 11	PH C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ان. - انگا
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	Committee the name of the
Name of New Registered Agent	
wante by the winegistered rigery	
(Florida stre	net nddrase)
·	,
New Registered Office Address:	(City) (City) (Zip Code)
•	(zip Colle)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Ro	egistered Agent, if changing
	O GOVERNO CONTRACTOR C

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			, to the state of
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	-
	
lf an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij noi appacame, maicale wa)	

The date of each agreed war.	03/26/2019	
The date of each amendment date this document was signed		, if other than the
date this document was signed	- 03/26/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/web by the shareholders was/web.	re adopted by the shareholders. The number of votes east for the amendment(sere sufficient for approval.	·)
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ent
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	re adopted by the board of directors without shareholder action and shareholde	т
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	3/26/2019 Sabrina Senalla	
Signature	Sabrina Senala	
(H	by a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other cour	t
aj	opointed fiduciary by that fiduciary)	
	SABRINA SEGALLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	